

Detroit Public Schools  
**Resource Coordinating Team**  
**LEVEL ONE: INTERVENTION LOG**

Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ ID# \_\_\_\_\_  
 Teacher: \_\_\_\_\_ Progress Report Date: \_\_\_\_\_

Identified Problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Goal (in clear measurable terms): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE INITIATED	STRATEGY	FREQUENCY			PROGRESS
		daily	wkly	Mo	